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ABSTRACT

Intended to help state planners understand and coordinate their program efforts, the guide provides an analysis of major federally funded programs for handicapped and at-risk children from birth to age 6. The following programs and their legislative authority are considered: Medicaid (Title XIX of the Social Security Act); The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program (Title XIX of the Social Security Act); Child Welfare Services--State Grants (Title IV B of the Social Security Act); Head Start (Title V of the Economic Opportunity Act); Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act); Social Services Block Grant (Title XX of the Social Security Act); and The Education of the Handicapped Act (Public Law 94-142, Part B, and the Preschool Incentive Grant Program). Programs were examined across 10 question areas including: What was the funding level for 1985-86 nationally? Is the use of funds restricted to specific agencies? What are the eligibility criteria for the population/s that may benefit from the program? Is the development of a state plan required for use of the funds? Is a system for case management provided? May the funds be used for personnel training? A chart provides a summary of the analysis across all programs and dimensions. (DB)

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A COMPARATIVE ANALYSIS OF SELECTED FEDERAL PROGRAMS SERVING YOUNG CHILDREN

Steps Toward Making These Programs Work in Your State

EC191710

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Joni Porter

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Introduction

As most early childhood program specialists, policy planners, and other state personnel are aware, a mosaic of federally funded programs exists at state and local levels. The goal of these programs is the well-being of young children and, in some cases, their families. In most states, this programmatic mosaic consists of uncoordinated programs administered by a variety of agencies; often, personnel in these agencies are unaware that similar or complementary programs exist. Thus, unfortunately, the mosaic often emerges as a rather haphazard grouping of services, instead of the comprehensive system of service delivery it could be!

One goal of the Early Childhood State Plan Grant program, as defined in P.L. 98-199 of the Education of the Handicapped Act (EHA), is coordination of existing resources for handicapped and at-risk children age birth to 6 years and their families. In their attempts to plan and coordinate program efforts, State Plan Grant (SPG) personnel are finding it essential to understand more fully the various federally funded programs and their requirements. Recognizing this, we have analyzed several major federal programs that state planners may find especially relevant. In addition, we present some approaches to coordination that states may use as they consider integrating these programs and services into their respective plans for a comprehensive service delivery system (CSDS).

Our readers may use the information and analyses that follow in several ways, for example:

(1) to gain a broader awareness of existing programs whose resources have not been tapped and to gain an awareness about the people, services, facilities, activities, etc., that comprise these programs;

(2) to determine whether these programmatic resources are being put to work in states (i.e., Has the full potential of these programs been realized in each state?);

(3) to help plan state-level analyses that examine ways these programs may be used to meet the different needs, goals, etc., of various State Plan Grant efforts; and,

(4) to determine, as a part of these state-directed analyses, where new funding sources for service delivery exist and to piece together these sources so that more and better services are provided for handicapped young children and their families.

While we have limited our comparative analysis to seven federally funded programs, we realize other programs exist that may have an equally significant impact on state planning. These programs (such as the Developmental Disabilities Assistance Bill of Rights Act and Public Law 89-313 -- the State Operated and Supported Schools Program of the Elementary and Secondary Education Act) will be examined in subsequent START publications. For the purposes of this paper, we have chosen to examine the following programs.

- **Medicaid**
  Title XIX of the Social Security Act

- **The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program**
  Title XIX of the Social Security Act

- **Child Welfare Services--State Grants**
  Title IV B of the Social Security Act

- **Head Start**
  Title V of the Economic Opportunity Act

- **Maternal and Child Health (MCH) Services Block Grant**
  Title V of the Social Security Act

- **Social Services Block Grant (SSBG)**
  Title XX of the Social Security Act

- **The Education of the Handicapped Act (EHA)**
  Public Law 94-142 (Part B) and the Preschool Incentive Grant (PIG) Program.

Design for a Comparative Analysis

These seven programs were targeted for an initial analysis because of (1) their importance to special needs children, and (2) the vital role such programs may play in a statewide coordinated system of early childhood services. The analysis was designed to answer several questions about coordination of services to handicapped and at-risk young children. The parameters of the analysis reflect parts of the EHA Early Childhood State Plan Grant (SPG) program; that is, policies of each federal program are compared to the provisions of the SPG program. Thus, the target population is handicapped and at-risk children age birth to 6 years and their families; target services are early intervention/early childhood services.

The programs were examined across ten dimensions, each related to coordination of services. The ten question areas were intended to reveal each program's capability to coordinate services, as well as the level and type of coordination efforts provided by each program. These questions were applied to each program:

(1) What was the funding level for 1985-86, nationally?

(2) Is the use of funds restricted to specific agencies?

(3) What are the eligibility criteria for the population(s) that may benefit from the program?

(4) Is development of a state plan required for use of the funds?

(5) Are provisions made for interagency coordination activities?

(6) Is a system for case management provided?

(7) Is a written, individualized service or program plan for each child or family required?

(8) May the funds be used for diagnostic services?

(9) May the funds be used for habilitation/intervention services?

(10) May the funds be used for personnel training?

As noted earlier, each federal program was compared to the target population and target services of the SPG program. The analysis for each program included a review of the regulations and (in most cases) the statutes; the Catalogue of Federal Domestic Assistance (CFDA); and recent related analyses of these programs. Several reference documents and relevant comparative analyses also were reviewed. (All resources, including these, are listed at the end of this document.)

The federal regulations that govern each program were the primary resource for this comparative analysis. Please note that because of time limitations and the wide array of available materials, only certain resources were selected. The federal regulations were chosen because they expand upon the intent of the statutes and, typically, provide greater guidance for program administration. The CFDA and other resource documents were used as quick validations for the accuracy of interpretation. The statutes, on the other hand, were consulted only in cases where the regulations referenced but did not reiterate statutory requirements.

Please remember that the analysis presented here is the author's interpretation. Note also the following: (1) Information on the programs was reviewed by officials in the federal agencies that administer the programs. (2) Only those resource materials referenced have been used; other resources, not readily available, may contain conflicting information, for example, policy interpretations by agencies and specific administrative agreements between the federal agency and certain states. (3) Finally, all these programs allow some degree of state discretion in program administration.

If any information in this paper is discrepant with state-level program operation, the following factors may be involved:

- The state-level interpretation, while accurate, may be based on resources not available for or used in this analysis;
- The state-level interpretation is based on state policy, rather than federal policy and/or procedures;

- The state-level interpretation, while accurate, represents only one option or interpretation; or,

- The state-level interpretation is inaccurate.

Before determining what remedial actions may be taken to facilitate coordination, it is necessary to decide which factors are responsible for the discrepancy. Remedial actions include:

- requesting that the federal agency determine if a proposed action or interpretation is permissible;

- developing alternative actions that are permissible; and

- amending state policies or procedures identified as barriers to federally permissible coordination efforts.

As noted earlier, each of the seven federal programs was analyzed across ten dimensions, using the questions presented earlier on cooperative interagency efforts for serving handicapped and at-risk young children and their families. The table Comparison of Federal Programs (see page 33) summarizes this information. More detailed descriptions of the provisions of each program are found on pages 5-32.

Again, it is important to note that federal policy allows some degree of state discretion in the administration of every program included in this analysis. These discretionary administrative decisions must be delineated in the state plans or in reports of "intended expenditures." The development of these state plans and reports presents excellent opportunities for agencies to work together in designing cooperative and complementary services for very young handicapped and at-risk children and their families.

MEDICAID

MEDICAID

(Title XIX, Social Security Act, 42 U.S.C. 1396, et. seq.)*

Purpose: To provide financial assistance to states for payments of medical services for low-income and other individuals.

Funding Restrictions: State agencies, designated by the state's Medicaid State Plan, may receive funds. Regulations (45 C.F.R. Parts 75 and 95) allow requests for waivers of the single-state agency requirement and subgrants to other agencies, and stipulate procedures for such special cases.

Eligible Populations: Eligibility is largely determined by the state. However, required populations include: (1) people receiving Aid to Families with Dependent Children (AFDC) and, (2) people receiving Supplemental Security Income (SSI)--the aged, blind, or disabled. States may expand eligibility beyond AFDC and SSI recipients (for example, families who meet the AFDC income requirement but not the requirement that one parent be absent or incapacitated; also, "medically needy" families who would meet some, but not all, of the criteria and who have costly medical bills).

State Plan: States are required to have a Medicaid State Plan that designates one lead single state agency and describes populations to be served, the services to be delivered, and the providers of the services. The state administers the program within the limits of broad federal requirements.

Interagency Coordination: Federal statutes require coordination and specifically identify Maternal and Child Health Services and Vocational Rehabilitation.

Case Management: Federal policy encourages states to have a Medicaid Management Information System.

Individual Service Plan: Not specified.

Diagnostic Services: Medical, Dental (for AFDC and SSI recipients), others at state discretion.

Habilitation/Intervention Services: Medical, Dental (AFDC and SSI recipients), family planning, others at state discretion.

Personnel Training: Designated as an allowable cost (see "contact" below for more information).

Contact: Health Care Financing Administration (HCFA), U.S. Department of Health and Human Services, Bureau of Program Operations, 6300 Security Boulevard, Meadows East Building, Room 300, Baltimore, MD 21207; (301) 594-9000.

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*Because of the volume of regulations governing Medicaid, only a cursory review was completed.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)
(Section 1905 of Title XIX, Social Security Act, 42 U.S.C. 1396, et. seq.)

Purpose: To provide comprehensive and preventive health services to eligible individuals under age 21 a) to ascertain physical and mental defects; and, b) to provide treatment to correct or ameliorate defects and chronic conditions found.

Funding Restrictions: The state Medicaid agency administers EPSDT. Medicaid funds are allocated from the federal government to a state Medicaid agency. Regulations (45 C.F.R. Part 75 and 95) allow subgrants to other agencies and stipulate procedures for such special instances.

Eligible Populations: EPSDT is provided to Medicaid-eligible individuals under 21 years of age. Eligibility is largely determined by the state; however, states must provide Medicaid services (including EPSDT) to AFDC recipients, to (SSI) recipients and the aged, blind, or disabled. States may expand eligibility to: (1) families who meet the income criteria of AFDC but not the requirement that one parent be absent or incapacitated, or (2) the "medically needy" families who meet only some of the AFDC or SSI criteria, but who have costly medical bills. Also, as of 1984, the Child Health Assurance Program (CHAP) requires states to serve all AFDC-eligible children (including those from two-parent families) born after September 30, 1983. By 1988, states may phase in services to children birth to 5 years of age. States have the option of serving children over 5 years of age.

State Plan: States are required to have a Medicaid State Plan that describes what populations will be served, what services will be provided, and who will provide the services. EPSDT provisions are included in the Medicaid State Plan. The state administers the program within the limits of broad federal requirements.

Interagency Coordination: States are required to use state health, vocational rehabilitation, Maternal and Child Health (MCH), public health, mental health, and education and related programs such as Head Start, or Social Services. States are required to make available a variety of EPSDT providers as well as referral information for treatment not covered under the State Plan, but needed according to screening and diagnosis. Federal agencies have provided models for cooperation; for example, in 1979 the Health Care Financing Administration (HCFA) and the U.S. Department of Education issued a joint statement specifying that EPSDT should be provided through the schools whenever possible. In 1980, HCFA issued a statement encouraging MCH and EPSDT state cooperative agreements.

Case Management: Medicaid provides for a Medicaid Management Information System (MMIS) which also contains EPSDT information.

Individual Service Plans: While it appears that individual service plans are not required, such plans may help meet other various record keeping and reporting requirements.

Diagnostic Services: Screening and diagnostic services must be provided to "ascertain physical and mental defects...." These services, described in the Medicaid State Plan, include medical, dental, developmental, and optional services.

Habilitation/Intervention Services: States must provide "treatment to correct or ameliorate defects and chronic conditions...." Services include medical, dental, developmental, immunization, and nutritional services, and can include others designated in the Medicaid State Plan such as occupational therapy, physical therapy, speech, etc. States target priority areas such as prenatal, high-risk, birth-to-five, etc.

Personnel Training: Designated as an allowable cost (see "contact" below for more information).

Contact: Health Care Financing Administration (HCFA), U.S. Department of Health and Human Services, Bureau of Program Operations, 6325 Security Boulevard, Meadows East Building, Room 300, Baltimore, MD 21207; (301) 597-0451.

Note: For more information on this program, please refer to the May 1986 START Resource Packet on EPSDT, prepared by Sharon Walsh.

CHILD WELFARE SERVICES - STATE GRANTS
(Title IV B, Social Security Act, 42 U.S.C. 620, et. seq.)

Purpose: To establish, extend, and strengthen child welfare services provided by state and local public welfare agencies to enable children to remain in their homes, or, where that is impossible, to provide alternative permanent homes for these children. To protect and promote the welfare of all children, including handicapped children . . . and prevent abuse, delinquency, etc. (42 U.S.C. 620).

Funding Restrictions: Funds are allocated to the Title XX state agency or to eligible Indian Tribal Organizations. However, these agencies may subcontract with other aencies (45 C.F.R. Part 74). For services provided by a governmental agency outside the state agency, the regulations permit costs to be claimed via a special written statement submitted to the federal agency; and costs also may be claimed if addressed in a statewide, a local, or an umbrella department "cost allocation plan" (45 C.F.R. Part 95). Regulations say that the state must designate a single state agency (SSA) to administer or to supervise program administration (45 C.F.R. Part 205). It is not required that services be provided by the SSA only.

Eligible Populations: Any families and children in need of child welfare services. Services must not be denied on the basis of financial need or length of state residence.

State Plan: A state must have a Child Welfare Services State Plan (CWSP) which will be amended when significant changes are made in the state's program. The CWSP must include a description of the child welfare services to be provided and the geographic areas where they will be available. In addition, the state must submit a "cost-allocation plan."

Interagency Coordination: To best promote the welfare of eligible children and their families, the Child Welfare Services program is required to coordinate with the Title XX (Social Services Block Grant) program and with other state programs having a relationship with this program (42 U.S.C. 620). States must make "every reasonable effort" to coordinate with Title IV B programs of Indian Tribal Organizations in the state.

Case Management: The program requires a statewide inventory and information system only if a state certifies that it is eligible for incentive funds. The system must include children in foster care under the responsibility of the Child Welfare agency, and may include others at the state's discretion.

Individual Service Plans: Policies do not appear to require written individual service plans.

Diagnostic Services: Not specified.

Habilitation/Intervention Services: These include: child protection services, preplacement preventive and reunification services, day care, emergency caretaker services, homemaker services, crisis counseling, arrangements for emergency financial assistance, respite care, home-based family services, services to unmarried parents, mental health and substance abuse counseling, vocational counseling, and post-adoptive services.

Personnel Training: Funds may be used for staff development; Child Welfare Training Grants are available to schools of social work housed in institutions of higher education (see "contact" for more information).

Contact: Children's Bureau; Administration for Children, Youth, and Families; Office of Human Development Services; U.S. Department of Health and Human Services; P.O. Box 1182; Washington, DC 20013; (202) 755-7418.

HEAD START

(Title V, Economic Opportunity Act of 1964, 42 U.S.C. 2921, et. seq.)

Purpose: To provide comprehensive interdisciplinary health, education, nutritional, social, and other services primarily to economically disadvantaged preschoolers; also to involve parents in activities with their children so that the children will attain overall social competence.

Funding Restrictions: Federal funds are allocated to local governments, federally recognized Indian tribes, or private nonprofit agencies. The local grantee may subcontract with other child-serving agencies for services.

Eligible Populations: Primarily for children from age 3 years to school age; 90 percent of the enrollees must be from families whose income is below the poverty guidelines established by the Office of Management and Budget, or from families who receive Aid to Families with Dependent Children (AFDC). No less than 10 percent of the enrollment opportunities shall be available for handicapped children, who are defined as: mentally retarded, hard-of-hearing, deaf, speech-impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who, by reason thereof, require special education and related services.*

State Plan: Not applicable. (However, each Head Start program is required to have a "performance standards plan" describing how each program will enforce the Program Performance Standards that are the criteria for meeting the objectives of the program.)

Interagency Coordination: Head Start programs are required to coordinate with and use all available resources. In some cases, the Head Start funds are to be used only when no other source of funding is available. Head Start is to cooperate with the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) program. In addition, a Health Services Advisory Committee is required for each Head Start program.

Case Management: Not specified.

Individual Service Plans: Various record keeping provisions do exist, but none specify a written individual service plan. There are requirements for ongoing observation and for recording and evaluating the child's growth and development. Child Health Records and a Family Assistance Plan also are provided.**

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*According to Head Start officials, it is anticipated that draft revised diagnostic criteria will be published for comment in the Federal Register in late 1986.

**According to Head Start officials, draft Performance Standards for children with handicapping conditions will be published for comment in the Federal Register in 1986. These standards call for Individualized Education Programs (IEPs) and a plan for services for children with disabilities.

Diagnostic Services: Head Start provides diagnostic services in child development, education, health, dentistry, nutrition, and family/social service needs.

Habilitation/Intervention Services: Head Start provides a comprehensive program to children and families that includes child development, education, medical, dental, immunization, nutrition, social, and mental health services.

Personnel Training: Funds are provided to programs for technical assistance and training. Training services can be subcontracted.

Contact: Administration for Children, Youth and Families; Head Start; Office of Human Development Services; U.S. Department of Health and Human Services; P.O. Box 1182; Washington, DC 20013; (202) 755-7944.

MATERNAL AND CHILD HEALTH (MCH) SERVICES BLOCK GRANT
(Title V, Social Security Act, 42 U.S.C. 701)

Purpose: To assist states in planning, promoting, coordinating, and evaluating health care for mothers and children; also to assist states in providing health services for mothers and children who have no access to adequate health care.

Funding Restrictions: Federal funds for the MCH Block Grant are allocated to State Health Agencies, which may subcontract for services. A great deal of state discretion is allowed in the administration and use of block grant funds.

Eligible Populations: Mothers, infants, and children (particularly, but not solely, low-income); also, high-risk mothers and infants, handicapped infants and children, those with limited access to health care, and others at state's discretion.

State Plan: A "Report of Intended Expenditures" and "Statement of Assurances" are submitted annually to the federal agency. These reports describe the populations to be served, the types of services to be delivered, the goals and objectives, the data to be collected, and the geographic areas to be served.

Interagency Coordination: MCH programs are required to coordinate with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, Medicaid, and other services, including education.

Case Management: Not specified.

Individual Service Plans: Not specified.

Diagnostic Services: Those stated in the states' annual "Report of Intended Expenditures." Services are provided at state discretion.

Habilitation/Intervention Services: Those stated in the states' annual "Report of Intended Expenditures." Services are provided at state discretion. Inpatient services are only for children with special health care needs, high-risk pregnant women and infants, and others approved by the federal agency.

Personnel Training: The Secretary is empowered to set aside 10 to 15 percent of appropriated MCH Block Grant funds to issue grants to support Special Projects of Regional and National Significance (SPRANS). These grants support research (restricted to institutions of higher education and organizations engaged in research or in maternal/child health or crippled children's programs); training (institutions of higher education); genetics disease services; hemophilia services; and MCH improvement projects. For Fiscal Year 1986, $68,617,000 is available for SPRANS.

Contact: Division of Maternal and Child Health, Health Resources and Services Administration, Department of Health and Human Services, Room 6-05, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-2170.

Note: For more information on this program, please refer to the November 1985 START Resource Packet on MCH Services Block Grants, prepared by Sharon Walsh.

SOCIAL SERVICES BLOCK GRANT (SSBG)

(Title XX, Social Security Act, 42 U.S.C. 1397-1397e)

Purpose: To help states furnish social services best suited to the needs of individuals residing in the state. Services may be targeted to: 1) prevent, reduce, or eliminate dependency; 2) achieve or maintain self-sufficiency; 3) prevent neglect, abuse, or exploitation of children and adults; 4) prevent or reduce inappropriate institutional care; and 5) secure admission or referral for institutional care when other forms of care are not appropriate.

Funding Restrictions: Funds must be used for the activities listed in Sec. 2005(a) of the law as listed above. Each state determines the recipient of the State Block Grant; 10 percent of the SSBG funds may be transferred to other programs (Sec. 45 C.F.R. 96.72). A state may not spend funds on educational services "generally available to its residents without cost and regard to their income," or on certain medical or social services in institutions. Waivers for "extraordinary circumstances" may be granted for medical care and purchase or construction of land or facilities.

Eligible Populations: Each state is allowed discretion in determining populations to be served.

State Plan: After allowing an opportunity for public review and comment, the state must submit an annual pre-expenditure report on the "intended use of the funds."

Interagency Coordination: Not specified.

Case Management: Not specified.

Individual Service Plans: Not specified.

Diagnostic Services: Determined by the state.

Habilitation/Intervention Services: Determined by the state.

Personnel Training: Block Grant funds may be use for staff development.

Contact: Director, Office of Policy and Legislation, Office of Human Development Services, 200 Independence Avenue., SW, Washington, DC 20201; (202) 245-7027.

PUBLIC LAW 94-142
EDUCATION OF ALL HANDICAPPED CHILDREN ACT (EHA)
(Title VI, Part B, Education of the Handicapped Act, 20 U.S.C. 1401-1419)

Purpose: To assist states in providing a free appropriate public education to all handicapped children.

Funding Restrictions: Funds are allocated to the State Education Agency (SEA). SEAs and Local Education Agencies (LEAs) may subcontract for services. SEA must monitor and supervise all P.L. 94-142 programs.

Eligible Populations: All children between 3 and 21 years of age (except where services for 3- to 6-year-olds and 18- to 22-year-olds are inconsistent with state law) who are mentally retarded, hard-of-hearing, deaf, speech impaired, visually handicapped, seriously emotionally distrubed, orthopedically impaired, have other health impairments, or are deaf-blind, multi-handicapped, or severely learning disabled who, because of those impairments, need special education and related services. Funds may be used to serve handicapped children between birth and 3 years of age.

State Plan: A state plan must be submitted every three years (amended annually, as needed) specifying assurances and compliance with federal requirements.

Interagency Coordination: Not specified, except to require SEAs and LEAs to use all related sources and for the SEA to monitor all special education programs.

Case Management: Not specified as such, but LEAs must assure that services provided in the Individualized Education Program (IEP) are delivered.

Individual Service Plans: All eligible children must have an Individualized Education Program (IEP) which contains: a) a statement of the child's present levels of educational performance; b) a statement of annual goals, including short-term instructional objectives; c) a statement of the specific special education and related services to be provided, and the extent to which the child will be able to participate in regular educational programs; d) the projected dates for initiation of services and anticipated duration; and, e) objective criteria and evaluation procedures and schedules for determining (at least annually) whether short-term objectives are being achieved.

Diagnostic Services: Required for all children from birth to 21 years of age to determine a handicapping condition which results in the need for special education and related services.

Habilitation/Intervention Services: All eligible children are to be provided the special education and related services described in their IEPs. "Special education" means specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions. "Related services"

means services required to help a handicapped child benefit from special education. Medical services are included only for diagnostic purposes.

Personnel Training: In-service training may be provided with P.L. 94-142 (Part B) funds. Pre-service and in-service programs may be developed with Personnel Preparation Grant (Part D) funds, estimated to receive $64,000,000 in FY 1986 (see "contact" below for more information).

Contact: Office of Special Education Programs, Office of the Assistant Secretary for Special Education and Rehabilitation Services, Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202; (202) 732-1008.

Comparison of Selected Federal Programs

Areas of Comparison	Program Title						
	Medicaid	EPSDT	Child Welfare	Head Start	MCH Block Grant	Social Services Block Grant (Title XX)	EHA, Part B, P.L.94-142
Total FY 86 Allocation*	$23,690,469,000	Not determined – part of Medicaid allocation – in 1982, $72.0 million in payments were made for EPSDT screening**	$200,000,000 (not just IV B)	$1,075,059,000	$418,185,000	$2,700,000,000	$1,215,550,000
Funding Restrictions (Re: Agencies)	State agencies – determined under State Plan, state discretion in determining who "providers" are.	State agencies – determined under State Plan, state discretion in determining who "providers" are (Medicaid agency receives funds)	Title XX agency; may subcontract w/other agencies; eligible Indian Tribal organizations	Local agencies, Indian tribes; may subcontract w/other agencies	State Health Agency; may subcontract with other agencies; Indian Tribes	No, state discretion, 10% of funds may be transferred to other programs; however, statute states that these funds may not be used for educational services "generally available" or certain medical or social services in institutions	State Education Agency is funded, but SEA or local agencies may subcontract
Eligibility Criteria	AFDC recipients, handicapped, low income over 65, others at state discretion	Medicaid – eligible individuals under 21; AFDC & CHAP recipients; others at state discretion	Any families and children in need of welfare services including handicapped	Low income (90%), handicapped (10%); 3-year-olds to school age (primarily)	Low income or lack of access to services; at risk, handicapped, state discretion	State discretion	3- through 21-year-old handicapped children (unless state law prohibits 3-5 & 18-21); may serve b-2 with preschool incentive funds or P.L. 94-142 funds
State Plan	Medicaid State Plan	Medicaid State Plan	"Child Welfare Services Plan" and a "cost allocation plan"	N.A.; however, each H.S. program must have a "performance standards plan"	A "Report of Intended Expenditures" and a "Statement of Assurances"	Only a "pre-expenditure" report on the "intended use of the funds"	Yes
Interagency Coordination	Encouraged, and required with MCH & vocational rehabilitation	Strong emphasis to coordinate with related federal programs (Education, MCH, Head Start), must refer	Must coordinate w/other services the agency administers, Tribal programs, statute requires coordination with Title XX, and "other state programs"	Required to coordinate w/and use all available resources	Required to coordinate w/EPSDT, Medicaid, and others including education	No provisions	Not required, but provisions encourage using all related resources and the SEA must monitor all special education services
Case Management System	Statewide Information System, Medicaid Management Information System, encouraged	Yes, state discretion	A state-wide information system is required, only if a state certifies that it is eligible for incentive funds	Each local program manages its own cases	No	No	Not required, but local agencies use IEP often as a management system

CONT'D

Individualized Service Plan	**No**	**Unclear**	**No**	**Maintains individual records, including IEP's, family assistance plans, health records**	**No**	**No**	**Individualized Education Program (IEP)**
Diagnostic Services	Yes	Yes, as in Plan; medical, dental, developmental, nutritional, others at state discretion	Not necessarily – perhaps mental health and social services	Developmental, educational, medical, dental, nutritional, social services	Yes, state discretion	State discretion	Required for b-21
Habilitation/ Intervention Services	Medical, dental, state discretion	Yes, as in Plan, medical, dental, developmental, nutritional, others at state discretion	Primarily mental health and social services, other "protective services"	Developmental, educational, medical, dental, nutritional, mental health, social services	Yes, state discretion	State discretion	"Special education and related services"
Personnel Training	Yes – allowed as an administrative and training activity	Yes – allowed as an administrative and training activity	1. Particularly for in-service related to foster care and adoption assistance 2. Training grants for IHE's, Schools of Social Work – ($3,823,000)	Funds provided for in-service training and TA	SPRANS, Grants – may be used for training in health care and related services ($68,617,000)	Statute provides for training activities	Local agencies must provide in-service; P.L. 94-142 funds may be used, Personnel Develoment Grants are available ($64,000,000)

*Estimated allocation at the time of publication, Catalogue of Federal Domestic Assistance, 1985.
**_Federal Programs Affecting Children_, 1984.

Compiled by Barbara J. Smith, Ph.D., 1986

COMPARISON of SELECTED FEDERAL PROGRAMS

Some Approaches to Planning Coordinated Services

In the previous pages we examined seven federal programs and the resources and opportunities they present for states. As you determine whether these resources are being put to work in your state, you may want to consider some approaches to coordination. While many approaches may be used, three specific approaches are briefly outlined here: state plans and reports, backward mapping, and process model.

As the comparative analysis indicates, these federal programs allow some state discretion in designating the population to be served, the services to be provided, and (in some cases) the agencies to provide the services. Such state-level decision making is reflected in the various state plans and reports required by the federal government for accountability purposes. These plans and reports give states an excellent opportunity to coordinate program planning and implementation. Through this coordination opportunity, all participating state agencies could ideally: 1) jointly designate population eligibility; 2) plan unduplicated services; 3) share fiscal and personnel resources; and 4) decide how to designate which agencies are the most appropriate service providers.

The respective state plans for each federal program could delineate these interagency efforts. In addition, these efforts could be more fully outlined in each state's plan for a CSDS, and in written interagency agreements. These documents could detail the nature of the cooperation, for example:

- fiscal responsibilities (shared or first-dollar)
- personnel (shared or unduplicated)
- services (shared or unduplicated)
- equipment/facilities (shared or unduplicated)
- monitoring and evaluation procedures
- accountability and standards
- paperwork/data collection requirements, and so forth.

In all cases, the goals of such cooperative efforts would be: (1) improved, efficient services to children and families; (2) unduplicated and comprehensive service delivery systems; (3) efficiently utilized resources; and, (4) less red-tape and fewer counterproductive rules.

Another coordination approach to consider is that of backward mapping. Richard Elmore (1979-80) recommends moving "backward" from the local level to the state- or federal-policy level when identifying problems in a CSDS that require change. Thus, when federal programs (such as EPSDT and the others discussed here) are coordinated, the need for cooperative efforts could be identified at the client or local level. For example, a public school system might be the setting for interagency efforts to develop a more efficient system of screening, diagnosis, and treatment of handicapped preschoolers from age 3 years. School, health, and other personnel would identify problems and

solutions, which would then be reported by "backward mapping" to appropriate state-level decision makers. Decision-makers at the state level would then address and correct the problems, perhaps through an interagency cooperative agreement or a change in their respective state plans. But, if the problem is one involving federal policy, state personnel would report it to the appropriate federal agencies with a recommendation for change. This backward mapping, when used to achieve local, state, or federal policy change and cooperative agreements, might be an appropriate activity for local planning groups such as those used by State Plan Grant efforts in several states. The sample Interagency Cooperation Plan on page 37 is an example of how backward mapping could be used to help plan interagency cooperative efforts that meet the needs of specific service delivery systems.

A final approach to coordination that state planners might consider is the process method suggested by Edgar and Maddox (1983). To achieve coordinated planning among diverse agencies and programs, this models suggest establishing some important groundwork by:

- identifying areas where collaboration can be applied,
- deciding what specific outcomes are desired from the collaboration,
- reviewing the regulations governing the agencies and programs involved, and
- developing a brief "statement of purpose" for the coordination activities,

After completing these activities, agency and program representatives who have decision-making power should meet to finalize agreements for the coordination efforts. (The remainder of the model focuses on generating program staff input on problems, solutions, etc., then developing strategies to meet coordination goals.)

Again, the previous discussion suggests only three of the many approaches that state planners may use in developing and strengthening interagency coordination and collaboration among the diverse agencies (both state and federally funded) that comprise a state system of comprehensive service delivery. For some states, the federal programs summarized here may present a whole new source of services, personnel, and monies which could, with effective coordination efforts and skillful planning, be incorporated into a state CSDS for young handicapped children and their families.

Conclusion

The enormous task of planning for and providing services to young handicapped children and their families is perhaps the single most formidable challenge facing Early Childhood State Plan Grant personnel nationwide. For SPG staffs and others committed to improving the availability and quality of services for special youngsters, developing a comprehensive system for delivery of these services can be a struggle. Often, simply providing services and resources for special needs children and their families is not enough. The ultimate success of any comprehensive service delivery sytem is determined by how well state personnel are able to identify existing programs and services,

SAMPLE INTERAGENCY COOPERATION PLAN*

GOAL: Coordination of EPSDT and Public School Screening/Diagnostic Resources

Service Problems	Barriers	Target Programs/Agencies	Personnel	Activities/Timelines
Preschoolers can not: – Receive EPSDT or medical services through current screening/diagnostic procedures in the public school	1) eligibility criteria – inconsistent 2) paperwork requirements/forms – inconsistent 3) "Provider" eligibility – schools not eligible 4) definition of reimbursement services – public school services not included	1) public schools •local/state education agencies and policies •federal program policies (P.L. 94-142) 2) health agencies •local/state health departments •federal program policies (Medicaid, EPSDT)	1) local superintendent •designee 2) state superintendent •designee 3) local health official •designee 4) state health commissioner •designee 5) federal officials	1) by December 1986, local officials will be apprised of the problem and will meet to discuss 2) by February 1987, a report including recommendations will be sent by local officials to the state officials 3) by April 1987, state officials will meet to develop remedies – local, state, and federal – including interagency agreements

*by Barbara J. Smith, Ph.D., 1986.

and coordinate these services once they are located. With this in mind, we have attempted to identify and present a comparative analysis of seven federally funded programs that may significantly impact CSDS development in states. Also, we hope our brief discussion of some approaches to coordination may be helpful to state personnel looking at ways to integrate these federal programs and services into their CSDS plans.

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45 CRF Parts 74, 95, 205.100 - uniform requirements for HHS grants, except Block Grants.

Child Welfare Services

42 U.S.C. 620 et. seq., Title IV B of the Social Security Act.
45 C.F.R. Parts 1355 & 1357.

Education for All Handicapped Children Act

20 U.S.C. 1400-1420, Title VI B of the Education of the Handicapped Act.
34 C.F.R. Parts 300-301.

EPSDT

42 U.S.C. 1396d, Title XIX of the Social Security Act.
42 C.F.R. Parts 440 & 441.
State Resource Packet: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, START, June 1986.

Head Start

42 U.S.C. 2931, Title V of the Economic Opportunity Act.
45 C.F.R. Parts 1300-1305.

Maternal and Child Health Services Block Grant

42 U.S.C. 701 et. seq., Title V of Social Security Act
45 C.F.R. Parts 16, 74, 96.
State Resource Packet: Maternal and Child Health Services Block Grant Program, START, 1985.

Medicaid

42 U.S.C. 1396 et. seq., Title XIX of the Social Security Act.
42 C.F.R. Parts 430-456.

Social Services Block Grant

42 U.S.C. 1397-1397f, Title XX of the Social Security Act.
45 C.F.R. Parts 16, 74, 96.

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